

SENIOR ADULT PROGRAM REGISTRATION

Lynchburg Parks and Recreation Department, 301 Grove Street, Lynchburg, VA 24501

PHONE (434) 455-4000 * FAX (434) 528-2794

PLEASE PRINT INFORMATION

City of Lynchburg Resident: () Yes () No

First M Last

Address: Apt #: City: Zip:

Email Address:

Phone: Home () Work () Cellular ()

Birthdate: / / Would you like your name in the Newsletter Birthday List? () Yes () No
Month Date Year

Sex: () Female () Male

PERSON TO CONTACT IN AN EMERGENCY:

1. Name Relation

Address City State Zip

Phone – Home Work Cellular

2. Name Relation

Address City State Zip

Phone – Home Work Cellular

DOCTORS:

1. Name Phone

Address

2. Name Phone

Address

MEDICAL DATA: If you're on medication or receive treatment for any conditions listed below, please explain.

() Heart

() Blood Pressure

() Stroke Victim

() High Cholesterol

() Inner Ear

() Hearing Aid

() Limited Vision

() Nervous Disorder

() Other medical conditions

() Common Allergies

() Respiratory

() Drug Allergies:

List any physical or limitations in mobility (i.e. use wheelchair, walker, etc.) _____

Do you have a special interest, hobby or former occupation you would like to share? If yes, please explain.
(Example: lead singing, play piano, have slides of interesting trips, teach crafts, lead exercises, coach senior athletic team, etc.)

PLEASE CHECK WHAT HOBBIES & LEISURES YOU ALREADY PARTICPATE IN OR WOULD INTEREST YOU:

<input type="checkbox"/>	Arts & Crafts	<input type="checkbox"/>	Computer	<input type="checkbox"/>	Horseshoes	<input type="checkbox"/>	Technology
<input type="checkbox"/>	Bible Study	<input type="checkbox"/>	Croquet	<input type="checkbox"/>	Line Dancing	<input type="checkbox"/>	Tennis
<input type="checkbox"/>	Billiards/Pool	<input type="checkbox"/>	Dancing	<input type="checkbox"/>	Luncheons/Social	<input type="checkbox"/>	Theatre & Drama
<input type="checkbox"/>	Blood Pressure Checks	<input type="checkbox"/>	Day Trips	<input type="checkbox"/>	Book Club	<input type="checkbox"/>	Volleyball
<input type="checkbox"/>	Bowling	<input type="checkbox"/>	Dining Out	<input type="checkbox"/>	Musical Entertainment	<input type="checkbox"/>	Volunteer Services
<input type="checkbox"/>	Bridge	<input type="checkbox"/>	Educational Program/Speaker	<input type="checkbox"/>	Nature Event	<input type="checkbox"/>	Walking Club
<input type="checkbox"/>	Cards/Table Games	<input type="checkbox"/>	Fitness/Exercise	<input type="checkbox"/>	Overnight Trips/Tours	<input type="checkbox"/>	Water Activity
<input type="checkbox"/>	Ceramics	<input type="checkbox"/>	Golf	<input type="checkbox"/>	Softball	<input type="checkbox"/>	Badminton
<input type="checkbox"/>	Choral Group	<input type="checkbox"/>	Health Programs	<input type="checkbox"/>	Talent Shows	<input type="checkbox"/>	Table Tennis

Other interests not listed: _____

PLEASE CHECK CENTER YOU ALREADY ATTEND IF APPLICABLE:

- () Miller Park – Ground level, 301 Grove Street
- () Jefferson House Apartments – 1818 Langhorne Square, Recreation Room
- () Meadowbrook Apartments – Community Center, 1201 Long Meadows Drive
- () College Hill – 9th & Jackson Streets
- () Jefferson Park - Kirby & North York Streets
- () Fairview - 3621 Campbell Avenue

HOW WOULD YOU LIKE TO RECEIVE YOUR MONTHLY NEWSLETTER? (Seniors are encouraged to pick up the Newsletter in their center!)

- () Pick up in Center
- () Receive in Mail
- () Receive Courtesy of Apartment Complex
- () Other _____

Signature

Date

***If the status of any of the information on this form should change, please contact the Senior Adult Program at (434) 455-4000.**

Revised: 08/01/02